

State: Missouri

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)1902(a)(10)(E)(i)
and 1905(p) of
the Act

25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),
1905(s) and
1905(p)(3)(A)(i)
of the Act

26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

*Agency that determines eligibility for coverage.

TN No. MS-93-5

Supersedes

TN No. MS-92-06Approval Date APR 08 1993Effective Date 01/01/93

State: Missouri

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act

27. Specified low-income Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

*Agency that determines eligibility for coverage.

TN No. MS-93-5

Supersedes

TN No. NAApproval Date APR 08 1993Effective Date 01/01/93

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 9c
OMB No.: 0938-

State: Missouri

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy

42 CFR	<input checked="" type="checkbox"/>	1. Individuals described below who meet the
435.210		income and resource requirements of AFDC, SSI, or an
1902(a)		optional State supplement as specified in 42
(10)(A)(ii) and		CFR 435.230, but who do not receive cash
1905(a) of		assistance.
the Act		

☒ The plan covers all individuals as described above.

☒ The plan covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Caretaker relatives
- ☐ Pregnant women

42 CFR	<input checked="" type="checkbox"/>	2. Individuals who would be eligible for AFDC, SSI
435.211		or an optional State supplement as specified in 42
		CFR 435.230, if they were not in a medical
		institution.

*Agency that determines eligibility for coverage.

TN No. <u>MS-91-44</u>	Approval Date <u>FEB 06 1992</u>	Effective Date <u>11/01/91</u>
Supersedes		
TN No. <u>NA</u>		HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 10
OMB NO.: 0938-

State: Missouri

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 & ☒ 1902(e)(2)
of the Act

3. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.

The minimum enrollment period is _____ (not to exceed six months).

The State measures the minimum enrollment period from:

☒ The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

☐ The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

*Agency that determines eligibility for coverage.

TN No. MS-91-44
Supersedes
TN No. MS-86-22

Approval Date FEB 6 6 1992

Effective Date 11/01/91

HCFA ID: 7983E

State: Missouri

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

☐ The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

42 CFR
435.317

☒

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

Individuals covered are those authorized for services under Missouri's waiver for aged individuals, and under Missouri's Children with Developmental Disabilities waiver.

*Agency that determines eligibility for coverage.

TN No. MS-95-35
Supersedes
TN No. MS-92-30

Approval Date SEP 29 1995

Effective Date 10/01/95

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 11a
OMB NO.: 0938-

State: Missouri

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☐ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Individuals under the age of--
 - ☐ 21
 - ☐ 20
 - ☐ 19
 - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

*Agency that determines eligibility for coverage.

TN No. <u>MS-91-44</u>	Approval Date <u>11/01/91</u>	Effective Date <u>11/01/91</u>
Supersedes		
TN No. <u>NA</u>		HCFA ID: 7983E

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 2.2-A

Page 12

OMB NO.: 0938-

State: Missouri

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220



6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.



The State covers all individuals as described above.

1902(a)(10)(A)
(ii) and 1905(a)
of the Act



The State covers only the following group or groups of individuals:

— Individuals under the age of--

— 21
— 20
— 19
— 18

— Caretaker relatives

— Pregnant women

42 CFR 435.222

7. ☐

a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.

1902(a)(10)
(A)(ii) and
1905(a)(i) of
the Act

— 20
— 19
— 18

N No. 92-06

supersedes

N No. 91-44

Approval Date

JUN 29 1992

Effective Date January 1, 1992

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 13
OMB NO.: 0938-

State: Missouri

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

/X/ b. Reasonable classifications of individuals described in (a) above, as follows:

X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

X (a) In foster homes (and are under the age of 21).

X (b) In private institutions (and are under the age of 21).

 (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).

X (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).

X (3) Individuals in NFs (who are under the age of 18). NF services are provided under this plan.

X (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 18).

TN No. MS-91-44

Supersedes

TN No. MS-86-22

Approval Date

FEB 06 1992

Effective Date 11/01/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 13a
OMB NO.: 0938-

State: Missouri

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|----------|-----|---|
| <u>X</u> | (5) | Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of <u>21</u>). Inpatient psychiatric services for individuals under age 21 are provided under this plan. |
| <u>X</u> | (6) | Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> . |

TN No. MS-91-44

Supersedes

TN No. NA

Approval Date FEB 06 1992

Effective Date 11/01/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 14
OMB NO.: 0938-

State: Missouri

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VIII)
of the Act

☒

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

<input checked="" type="checkbox"/>	21
<input type="checkbox"/>	20
<input type="checkbox"/>	19
<input type="checkbox"/>	18

TN No. MS-91-44
Supersedes
TN No. MS-88-5

Approval Date FEB 06 1992

Effective Date 11/01/91

HCFA ID: 7983E